

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967495	(X3) DATE SURVEY COMPLETED R 05/03/2018
NAME OF PROVIDER OR SUPPLIER HAPPY LIFE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14785 COOLIDGE LANE HOMESTEAD, FL 33033	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A standard biennial revisit survey was conducted on May 3rd, 2018. Happy Life Alf Inc with a limited mental health component and license #11541 had deficiencies identified at the time of the survey and cited under the Change of Ownership conducted at the same time survey.